



Invited Commentary on the Development and Initial Validation of the Pain Progress Measure

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The biopsychosocial (BPS) treatment approach is gaining steam in physical therapy. Although World Physiotherapy has long endorsed the BPS as part of the educational requirements of physical therapists worldwide (World Physiotherapy, n.d.), it was only until recently that a push towards embracing the psychosocial components has become more apparent. Publications on psychosocial involvement in physical therapy have steadily increased since early 2000.

The article "Development and Initial Validation of the Pain Progress Measure" is congruent to this shift. More recent studies have shown the moderating effects of psychosocial aspects of care, such as therapeutic alliance (Lakke & Meerman, 2016; O'Sullivan et al., 2018) and effects of social disparities, educational attainment, and socioeconomic status on the perpetuation of pain (Anderson et al., 2009; Karran et al., 2020). These new findings allow physical therapists to challenge the status quo and address specific and individualized biopsychosocial needs. Therefore, there is a demand for outcome measures that assess the BPS status of patients in pain.

The "Pain Progress Measure" attempts to consolidate the BPS domains to help Filipino physical therapists' clinical decision-making in private practice. Biophysical factors include activities and range of motion, while the psychological components pertain to self-efficacy, locus of control, beliefs, and perceptions. Social factors cover lifestyle factors such as sleep, interpersonal relationships, and the need for assistance. This questionnaire is succinct and may be advantageous for a busy clinician. The inclusion of patients' beliefs and perceptions towards managing

pain underlines an essential psychological construct that has been shown to be a good predictor of progress (Bialosky, Bishop & Cleland, 2010). However, consolidating elements of BPS dilutes the complex dynamic of this model.

Social determinants of pain are multi-layered, complex, and shifting. Access to healthcare for rural patients, socioeconomic status, and educational attainment could be relevant factors that impact a patient's perception of progress. Absenteeism can also encapsulate social and psychological issues. Bronfenbrenner's ecological systems theory has tried to untangle the convoluted associations of different social factors (Härkönen, n.d.). In addition, the biophysical and psychological components are weaved into the social factors resulting in the challenges of consolidating into a single outcome measure. Despite the complexity of this model, it might be possible to build a robust BPS measure by conducting studies that qualitatively describe Filipinos' perception of progress in the biophysical, psychological and social domains. Then, utilize the findings of this rich data to construct a questionnaire fit for Filipinos.

Other logistical challenges that might impact the applicability of this survey include clinicians' lack of motivation to use outcome measures in private practice (Wedge et al., 2012). Furthermore, clinicians need tools to address psychological and social issues when outcome measures, such as the Pain Progress Measure, demonstrate a lack of progress.

This study highlights patients' perception of progress using the BPS model, a tangible "win" in moving towards acknowledging

the BPS model in the Philippines. This respectable study could face multiple construct and logistical applicability barriers. While the need-to-know patients' progress is vital, the importance of learning tools to address psychosocial issues in physical therapy cannot be overstated.

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